



DEPARTMENT OF THE NAVY  
NAVY ENVIRONMENTAL HEALTH CENTER  
2510 WALMER AVENUE  
NORFOLK, VIRGINIA 23513-2617

NAVENVIRHLTHCENINST 1500.1K  
OD

19 APR 2001

NAVENVIRHLTHCENINST 1500.1K

Subj: COMMAND TRAINING PROGRAM

Ref: (a) HRO Manual, Chapter 410  
(b) U.S. Navy Regulations, Article 1141  
(c) SECNAVINST 5211.5 series  
(d) OPNAVINST 1500.22 series  
(e) BUMEDINST 1520.34 series  
(f) CPI 412 of 18 Apr 89  
(g) CNO 071755Z May 99

Encl: (1) Professional/Technical Development Planning Form, NEHC 1500/7 (04/01)  
(2) Request for Training, NEHC 1500/6 (03/01)  
(3) In-Service Training Evaluation Form, NEHC 1500/9 Rev. (01/99)  
(4) Training Attendance Record, NEHC 1500/8 Rev. (01/99)

1. Purpose. To institute an effective command training and professional development program for all Navy Environmental Health Center (NAVENVHLTHCEN). This instruction has been completely revised and should be read in its entirety.

2. Cancellation. NAVENVIRHLTHCENINST 1500.1J.

3. Scope. This instruction applies to the NAVENVIRHLTHCEN home office.

4. Background. Training and professional development is one of the cornerstones that support the readiness of our deployable forces and the ability of our staff to assist Department of the Navy personnel. References (a) through (g) establish the training required or recommended to ensure a healthy and a capable staff stands ready to respond to medical support requirements worldwide. Training must be aligned to organizational objectives and be related to the mission of the command.

5. Responsibility

a. Commanding Officer. The Commanding Officer will appoint the Head, Training Department, Organizational Development Directorate as the command's Training Program Manager to coordinate the training for all personnel.

b. Directors will:

19 APR 2001

(1) Ensure managers/supervisors under their purview conduct individual training needs assessments in conjunction with annual civilian performance appraisals and the fitness report/enlisted evaluation process for military personnel.

(2) Ensure training plans are developed and incorporated into the directorate's annual business and financial plans.

(3) Develop a Professional/Technical Development Plan (PDP) for employees newly appointed to a supervisory position within 45 days following assignment to the position in accordance with Reference (f).

c. Managers/Supervisors will:

(1) Conduct individual training needs assessments with their employees to identify mission essential, credentialing and professional development training needs that are congruent with command goals and business objectives.

(2) At the directorate's discretion, prepare the PDP, enclosure (1), with each employee under their purview.

(3) Ensure that all personnel attend mandatory training.

(4) Ensure Request for Training, enclosure (2), is completed and submitted to the Training Department for all approved and disapproved training requests. Requests must be submitted before the course start date for all cost courses and all no-cost courses exceeding 8 hours in length.

(5) Ensure staff that complete college credit courses provide the Training Department with a certificate of completion and grade.

(6) Ensure that all training conducted is evaluated using enclosure (3), and documented on enclosure (4) with the originals forwarded to the Training Department.

d. Training Program Manager will:

(1) Provide access to all mandatory training and ensure training is documented and entered into personnel training records.

(2) Ensure all new staff members complete the orientation presentation.

(3) Research training sources to ensure quality and cost effectiveness.

(4) Obtain quotas for requested courses.

(5) Coordinate the DD Form 1556 training request process. Ensure a Request, Authorization, Agreement, Certification of Training and Reimbursement (DD Form 1556) is

19 APR 2001

completed and submitted to Human Resources Service Center East for all cost and no-cost courses exceeding 8 hours in length.

(6) Ensure that all employees scheduled to attend non-government training that exceeds 80 hours in a single program, sign agreements to continue in service (reverse side of original DD Form 1556).

(7) Ensure books are not available in NAVENVIRHLTHCEN library prior to purchase, and require trainees to return all books purchased by NAVENVIRHLTHCEN to the command library.

(8) Provide Directors with a list of training completed by each employee when requested.

e. Command Personnel will:

(1) Follow established training request processes.

(2) Attend all mandatory training classes/courses.

(3) Provide the Training Department with proof of training completed, e.g., certificate or letter of completion. Students who do not successfully complete a course will be required to reimburse the government.

(4) Return all books purchased by NAVENVIRHLTHCEN to the command library after completion of training.

f. Training Program Managers. Training program managers who manage programs requiring mandatory training will assist the Training Department in identifying and presenting training that meets the requirements in their field of expertise.

6. Action. NAVENVIRHLTHCEN personnel will carry out defined duties as required to ensure full implementation of this instruction.



D. M. SACK

Distribution: (NAVENVIRHLTHCENINST 5215.2P)  
List V (All NAVENVIRHLTHCEN Personnel)

19 APR 2001

## NAVY ENVIRONMENTAL HEALTH CENTER PROFESSIONAL/TECHNICAL DEVELOPMENT GOALS

NAME: \_\_\_\_\_ DIRECTORATE: \_\_\_\_\_

Course Title	Projected Length (in hours)	Projected Cost: List both course cost & travel fees	Staff Member Priority*	Directorate Priority	Business Goal Supported	Course Completed (Yes/No)**

**\*STAFF MEMBER PRIORITY KEY:** Staff member, prioritize the training with one (1) having highest priority, two (2) next, etc. Directorate priority will include all training for directorate members prioritized by its importance to the directorate/command mission.

**\*\*COURSE COMPLETED:** If training is not completed, please state why in this column.

**STAFF MEMBERS RECOGNIZE THAT THIS FORM IS FOR PLANNING PURPOSES ONLY. ALL TRAINING REQUESTS ARE SUBJECT TO THE RESTRAINTS OF FUNDING, TRAINING AVAILABILITY, AND MISSION PRIORITIES.**

Employee sign and date: \_\_\_\_\_ Supervisor sign and date: \_\_\_\_\_

Director sign and date: \_\_\_\_\_

## REQUEST FOR TRAINING

19 APR 2001  
DATE: \_\_\_\_\_

From: \_\_\_\_\_ (Name, Title, Grade)

To: NEHC TRAINING DEPARTMENT

Via: \_\_\_\_\_ (Supervisor)  
\_\_\_\_\_ (Director)

Subj: REQUEST FOR GOVERNMENT FUNDED TRAINING

I hereby request approval to attend the following training and/or conference:

TITLE OF COURSE: \_\_\_\_\_

VENDOR:(name) \_\_\_\_\_ (phone) \_\_\_\_\_

(address) \_\_\_\_\_

LOCATION OF TRAINING: \_\_\_\_\_

DATES of COURSE: \_\_\_\_\_ NUMBER of TRAINING HOURS \_\_\_\_\_

HAS A QUOTA BEEN OBTAINED? YES \_\_\_\_\_ NO \_\_\_\_\_

PURPOSE OF TRAINING: \_\_\_\_\_

COSTS:

TUITION: \_\_\_\_\_ TRAVEL: \_\_\_\_\_

PER DIEM: \_\_\_\_\_ BOOKS: \_\_\_\_\_

OTHER: (specify) \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR and DIRECTOR AND FORWARDED TO TRAINING DEPARTMENT WITH COPY TO EMPLOYEE**Requested training is:  
Supervisor

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

Requested training is:  
Director

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

If approved, Director certifies that training is a mission requirement, is relevant to employee's current position, and that funds are available in the Directorate OPTAR.

If disapproved, please check reasons why:

Lack of Funds ☐Not Job Related ☐Not Mission Related ☐Workload Constraints ☐Other (please specify) ☐ \_\_\_\_\_

19 APR 2001

**NAVY ENVIRONMENTAL HEALTH CENTER  
IN-SERVICE TRAINING EVALUATION FORM**

Please complete this evaluation form upon completing the training session/course. Your constructive feedback will help us to improve our staff continuing education programs.

DATE(S) OF TRAINING:

---

TITLE OF TRAINING:

---

INSTRUCTOR/FACILITATOR NAME:

---

PLEASE RATE THE TRAINING USING THE FOLLOWING SCALE:

5	4	3	2	1	0
Outstanding	Very Good	Average	Below Average	Poor	Not Applicable

1. Objectives of the course/session were met.

5    4    3    2    1    0

2. Instructors were well prepared and organized.

5    4    3    2    1    0

3. Audiovisual aids were used effectively.

5    4    3    2    1    0

4. This training will be useful in meeting my work responsibilities.

5    4    3    2    1    0

5. Classroom was satisfactory.

5    4    3    2    1    0

COMMENTS OR RECOMMENDATIONS:

---

19 APR 2001

## TRAINING ATTENDANCE RECORD

TOPIC: \_\_\_\_\_

DATE: \_\_\_\_\_ LENGTH IN HOURS: \_\_\_\_\_

INSTRUCTOR(S): \_\_\_\_\_

Privacy Act Statement: Social Security Numbers are used to ensure proper documentation of completed training in individual training records.

ATTENDEE'S NAME (PLEASE PRINT)	RATE AND RANK	SOCIAL SECURITY NUMBER	DIRECTORATE